

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039138
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 311

FILED NOV 5 1963
a. COUNTY Callaway

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Fulton

Length of stay in 1b
14Yrs +

c. CITY OR TOWN Sedalia

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION State Hospital No. 1

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
511A S. Kentucky St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Mabel

Middle

Last Fangman

4. DATE OF DEATH

Month Day Year
Oct. 24, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
4-28-1880

9. AGE (last birthday)
83

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10b. KIND OF BUSINESS OR INDUSTRY
none

11. BIRTHPLACE (City and state or country)
Sweet Springs, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Robert Brady

13b. MOTHER'S MAIDEN NAME

Henrietta Hill

14. NAME OF HUSBAND OR WIFE

unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

State Hospital No. 1, Fulton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INSUFFICIENCY

INTERVAL BETWEEN
ONSET AND DEATH

DUE TO (b)

GENERALIZED ARTERIOSCLEROSIS

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PULMONARY TUBERCULOSIS

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

State Hospital No. 1 7-22-1949

to 10-24-63 and last saw him alive on

21. Attended the deceased from
Death occurred at 4 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
John A. Owens D.O.

22b. ADDRESS

Fulton, Missouri

22c. DATE SIGNED

10-24-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE
10-26-63

23c. NAME OF CEMETERY OR CREMATORY
Fairview Cemetery

23d. LOCATION (City, town, or county)
(State)
Sweet Springs, Mo.

24. FUNERAL DIRECTOR
Sweet Springs
Mosley Funeral Home, Mo.

25. DATE RECD. BY LOCAL REG.
Oct. 28. 1963

26. REGISTRAR'S SIGNATURE
Martha Lawrence

